



United States
Environmental Protection Agency
 Washington, DC 20460

- ☒ **Registration**
☐ **Amendment**
☐ **Other**

OPP Identifier Number

Application for Pesticide – Section I

1. Company/Product Number Greenfields Marketing, Ltd. / 89966-	2. EPA Product Manager K. Montague	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Greenfields Marketing, Ltd. / Metolachlor Technical	PM# 23	
5. Name and Address of Applicant (include ZIP Code) Greenfields Marketing, Ltd. c/o Pyxis Regulatory Consulting Inc. 4110 136 th St. Ct. NW Gig Harbor, WA 98332	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <u>74530-72</u> Product Name <u>Metolachlor TC</u>	

Section - II

- ☐ **Amendment – Explain below.** ☐ **Final printed labels in response to** _____
Agency letter dated _____
☐ **Resubmission in response to Agency letter dated** _____ ☒ **“Me Too” Application.**
☐ **Notification – Explain below.** ☐ **Other – Explain below.**

Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

This application falls under Category R333 (52: New manufacturing use product; unregistered source of active ingredient).
 The fee which has been paid is \$19,838.00.

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) 52.83 gal in zinc-coated iron drums; 264 gal in HDPE
	If “Yes” Unit Packaging wgt. —	No. per container —	If “Yes” Package wgt. —	No. per container —	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 52.83 gal (200 L), 264.1 gal (1,000 L)		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Ann M. Tillman		Title Agent	
		Telephone No. (Include Area Code) (253) 853-7369	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Agent	
4. Typed Name Ann M. Tillman		5. Date Jan. 24, 2017	